

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9		8				
10		8				
11		1				
12		8				
13		8				
14	1					
15		1				
16		2				
17		2				
18		2				
19		1				
20	1					
21		1				
22		2				
23		2				
24		2				
25		1				
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47						
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49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

28

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51						
52						
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56						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						